

MAIL FORM TO:

CDPHE

HMWMD-B2

4300 Cherry Creek Dr. S.

Denver, CO 80246-1530

COLORADO HAZARDOUS WASTE**NOTIFICATION FORM**

Replaces EPA Form 8700-12, 8700-13A/B, and Page 1 of 8700-23



Colorado Department
of Public Health
and Environment

1. Reason for Submittal: (Mark 'X' in the appropriate boxes)

- ☐ Initial notification and obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities.
- ☐ Subsequent notification to update information (**Sec. 2-6 and 10 must be completed**).
- ☐ Initial or Revised RCRA Hazardous Waste Part A Permit Application (Page 3-7 of 8700-23 must also be submitted).
- ☐ Component of a biennial Hazardous Waste Report and a subsequent notification.

2. Site EPA ID Number:

County Name:

3. Site Legal Name/Operator:**4. Site Location Information:** Street Address:

City or Town:

State: **CO**

Zip Code:

5. Site Land Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American Industry Classification System (NAICS) Code(s) for the Site:****A.****B.****C.****7. Site Mailing Address** Same as ☐ Location Street Address:

City or Town:

State:

Zip Code:

8. Site Contact Person

First Name:

MI:

Last Name:

Job Title:

Phone Number:

Extension:

Address same as ☐ Location ☐ Mailing
Street Address:

City or Town:

State:

Zip Code:

E-mail Address:

9. Name of Site's Owner:

Phone Number:

Address same as ☐ Location ☐ Mailing ☐ Contact
Owners Street Address:

City or Town:

State:

Zip Code:

Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes for all current activities in Sections 10. A-C).****A. Hazardous Waste Activities** For Items 3 through 7, check all that apply:**1. Generator of Hazardous Waste** (regular monthly generation rate/choose only one)

- ☐ a. **LQG:** Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- ☐ b. **SQG:** 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- ☐ c. **CESQG:** Less than 100 kg/mo of non-acute hazardous waste

NOTE: The Department recommends that a facility that episodically or sporadically generates more waste than their regular monthly generation rate allows notify at the larger generator status in order to maintain a consistent waste management system and avoid continual re-notification.

2. One-Time Generation (not normally a hazardous waste generator or one-time exceedance of regular monthly generation rate)

☐ Large Quantity Generator; or ☐ Small Quantity Generator; or ☐ Conditionally Exempt Generator

NOTE: A one-time generator number is active for only one month. If the facility needs to keep their number active for more than one month or if they exceed their regular generation rate for more than one month, they should check the appropriate box in 10.A.1 and notify the Department when the number is no longer needed or they return to their regular monthly generation rate.

3. United States Importer of Hazardous Waste ☐**4. Mixed Waste Generator** (hazardous and radioactive) ☐

A. Hazardous Waste Activities (continued)

- ☐ **5. Transporter of Hazardous Waste**
- ☐ **6. Hazardous Waste Transfer Facility**
- ☐ **7. Treater, Storer, or Disposer of Hazardous Waste requiring a hazardous waste Part A permit for this activity.**
- ☐ **8. Recycler of Hazardous Waste**
Note: A hazardous waste permit may be required for this activity.
- 9. Exempt Boiler and/or Industrial Furnace**
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ **10. Underground Injection Control**

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste**

Indicate types of universal waste generated and/or consolidated at your site. Mark Consolidate if received from other Universal Waste Handlers. (check all boxes that apply):

	<u>Generate</u>	<u>Consolidate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury-containing Devices	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Aerosol Cans	<input type="checkbox"/>	<input type="checkbox"/>
f. Electronic Devices and/or Components	<input type="checkbox"/>	<input type="checkbox"/>

☐ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (check all boxes that apply):

- 1. Used Oil Transporter** ☐ a. Transporter ☐ b. Transfer Facility
- 2. Used Oil Processor and/or Re-refiner** ☐ a. Processor ☐ b. Re-refiner
- ☐ **3. Off-Specification Used Oil Burner** ☐ **5. Used Oil Collection Center**
- 4. Used Oil Fuel Marketer** ☐ a. Marketer Who Directs Shipment of Off-Spec. Used Oil to an Off-Spec. Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes List waste codes of the hazardous wastes handled at your site. List in order presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if needed.

Ignitable (D001) ☐ Corrosive (D002) ☐ Reactive (D003) ☐ Toxic ☐ (List specific codes below)

12. Comments

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed